2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000001917 FILED 1. Entity Name NORTH FLORIDA ECONOMIC DEVELOPMENT OR APR IL AMII: 16 PARTNERSHIP, INC. BEURLIARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA C/O NCFRPC C/O NCFRPC 2009 NW 67TH PLACE, SUITE A 2009 NW 67TH PLACE, SUITE A GAINESVILLE, FL 32653 GAINESVILLE, FL 32653 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chg-NP CR2E037 (12/06) City & State City & State 4. FFI Number Applied For 20-4360126. Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Jayne Moraski</u> POOLE, JIM Street Address (P.O. Box Number is Not Acceptable) 162 SOUTH MARION AVENUE 2009 NW 67th Place LAKE CITY, FL 32025 zip Code 32653 Gainesville -8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. 1-24-08 Jayne Moraski SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. IIILE TITLE > Delete Eugene Hall POOLE, JIM NAME NAME STREET ADDRESS 162 SOUTH MARION AVENUE STREET ADDRESS 935 E. Branch Street LAKE CITY, FL 32025 CITY-ST-ZIP CITY-ST-ZIP Monticello, FL 32344 TITLE Delete TITLE Change Addition Charlotte Fullen MEYERS, LINDA NAME NAME PO Box 550; 1100 Reid Street STREET ADDRESS **PO BOX 758** STREET ADDRESS PALATKA FL 32178 Palatka, FL 32178-0550 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE MORASKI, JAYNE NAME NAME STREET ADDRESS 2009 NW 67TH PLACE, SUITE A STREET ADDRESS GAINESVILLE, FL 32653 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 200123683282 04/16/08--01008--002 **61 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY_ST_ZIP_ TITI F ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Jayne Moraski SIGNATURE: